

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
REVISED MEDICAL 2004 FORM FOR REIMBURSEMENT OF
MEDICAL CLAIM OF DGEHS BENEFICIARIES
DEEN DAYAL UPADHAYAY HOSPITAL, HARI NAGAR**

ANNEXURE II

ECS No.

EMP ID.

(To be field by the claimant)

1. DGHEs:- Card No, And place of issues : _____/DDUH/New Delhi
2. Valid of DGHEs & Entitlement : From _____ to Till _____/Retirement _____
: Pvt./Semi Pvt./General
3. Fill Name of Employee/Beneficiary (Block letters) _____
4. Full address _____
5. Telephone No:- _____ (o) _____ (m) _____
6. E-mail address if any- _____
7. Name of the Bank _____ Branch _____
Branch MICR Code _____ Tel No. of the Branch _____
8. Name of the patient & relationship _____
9. Basic Pay (excluding grate Pay) _____
10. Name of hospital with address _____
(a) OPD treatment (investigations & period of treatment
(b) Indoor Treatment
11. Date of admission _____ date of discharge _____ (In case of indoor Treatment only)
12. Total Amount claimed
(a) OPD treatment
(b) Indoor treatment
13. Details of referral _____
14. Details of Medical advance if any N/A _____

DECLARATION

I hereby declare that statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent it on me. I am a DGEHS beneficiary and the DGEHS card was the time of treatment. I agree for reimbursement as is admissible under the rules.

Dated :

Documents to be attached :

Signature of DGEHS card Holder:

1. ANNEXURE –I
2. ANNEXURE –II
3. ORIGINAL BILL WITH BREAK –UP
4. DOCTORS PRESCRIPTION CARD/OPD CARD
5. DISCHARGE SLIP (IN CASE OF ADMISSION)
6. PHOTOCOPY OF MEDICAL CARD
7. PHOTO COPY SET OF ABOVE DOCUMENTS

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

ANNEXURE -1

1. DGEHS Card no. and place of issue/ DDUH/ New Delhi

2. Valid of DGHEHS & Entitlement : From _____ to Till _____
: Pvt./Semi Pvt./General

3. Full name of Employee/ Beneficiary (Block Letter)

4. Designation

5. The following documents are submitted
(Please tick () of the relevant column)
 - (a) Revised Medical 2004 Form: Yes/No
 - (b) Photocopy(s) of DGEHS card (Emp./Patient): Yes/No
 - (c) Photocopy of permission letter : Yes/No
 - (d) Original Bills: Yes/No
 - (e) Copy of prescription/discharge summary Yes/No
 - (f) Copy of referrer by Govt. Specialist /Discharge summary Yes/No
 - (g) Breakup for lab investigations: Yes/No
 - (h) Self explanatory letter (in emergency cases) Yes/No
 - (i) Original papers have been lost the following documents are submitted:
 - i. Photocopies of claim papers Yes/No
 - ii. Affidavit on stamp paper Yes/No
 - (j) In case of death of card holder the following documents are submitted:-
 - i. Affidavit on stamp paper by claimant : Yes/No
 - ii. No. objection from other legal on stamp paper Yes/No
 - iii. Copy of death certificate Yes/No

Dated:

Signature of DGEHS Card Holder
Tel No. (O)
(R)
Email Address

Name of the Bank _____ Branch _____ SB Ac/No. _____
Branch MICR Code _____ Tel No. of Bank Branch _____